## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/16/2008	Address:	4315 S. C.R. 350 W.	
Case #:	43-25825		NORTH VERNON, IN.	
County:	<u>JENNINGS</u>			
Type of La	aboratory Seizure (check one)	Seizure Location (	cheek all that apply)	
	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all ti	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s):	ir. etc)		
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: <u>SOLVENT CANS, VARIOUS LOCATIONS ON PROPERTY</u>				
<ul> <li>Water Reactive Metal (Lithium): <u>SPENT AND ACTIVE LITHIUM, VARIOUS LOCATIONS</u></li> <li>Anhydrous Ammonia: <u>IN TANK, HIDDEN BEHIND RV</u></li> <li>☐ Tlydrochloric Acid Gas Generator(s): <u>OLD GENERATORS IN BURN PHE AND OTHER</u></li> <li>☐ LOCATIONS</li> <li>☐ Corrosive Acid: <u>EMPTY CONTAINER IN SHED</u></li> <li>☐ Corrosive Base:</li></ul>				
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/Mo	Investigative Information  Ephodrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This repor	t is to be faxed to the following ager	icies that serve the le	ocation:	
Health Dep	ment: <u>LOVETT TWNSHP.</u> variment: <u>JENNINGS CO.</u> vetion Service: <u>N/A</u>		l'ax: <u>812-346-4507</u> Fax: <u>812-352-3030</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact				

For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A. MEAD Phone 812-522-1441